



DIRECT TRANSFER AUTHORIZATION

Section A

Annuitant Information

Last Name _____ First Name _____
Address _____ City _____ Prov. ____ Postal Code _____
Social Insurance Number _____ Telephone Number _____

Section B

Receiving Institution (CWCF)

Receiving Institution Name: **Canadian Worker Cooperative Federation**
Address: **1-41 Aberdeen Street Kentville, NS B4N 2M9** Phone: (902) 678-1683 Fax: (902) 678-0780
Please credit my: RRSP Spousal RRSP TFSA
Contract Number _____ Specimen Plan: SD-RSP 145-698 SD-TFSA 145-2416
Certified by _____, Canadian Worker Cooperative Federation
(Authorized Agent) (Receiving Institution)

Section C

Annuitant Direction to Relinquishing Institution

Relinquishing Institution Name _____
Address _____
City _____ Prov. ____ Postal Code _____ Phone _____ Fax _____
Contract or Plan # _____ Deposit # _____ Maturity Date (if applicable): _____
PLEASE TRANSFER: _____ all of the property in cash in-kind
_____ lump Net Sum of \$ _____ (in cash)
_____ part of the property (Specify investment description, amount, and share certificate #s)

FROM MY: RRSP Spousal RRSP RRIF RPP DPSP Retiring Allowance TFSA
If from a Spousal RRSP: Contributor's Name _____ Contributor's SIN _____
If from an RPP/DPSP, I am the: ____ member, OR ____ beneficiary spouse, OR ____ former spouse due to marriage breakdown

Section D

Annuitant Authorization

I hereby request the transfer of my account and its assets as specified above.
Signature _____ Date _____
Signature Guarantee _____
(Authorized Sub-Agent)

Section E

For Use By Relinquishing Institution Only

Amount transferred: \$ _____ from the RRSP Spousal RRSP RRIF RPP DPSP
 Retiring Allowance TFSA as specified in Section C
RRSP Spousal Contributions: ____ NO ____ YES If yes, Contributor's Name: _____ SIN: _____
Locked-in Funds: **The CWCF SD-RSP Program does not accept Locked-in Funds**

(Date) (Authorized signature of Relinquishing Institution) (Contact Phone Number)